Dear On Demand Operator:

The Federal Aviation Administration has arranged for its annual Airport Activity Survey to be conducted by Booz Allen Hamilton, Inc. Data collected in this survey will be used by the Federal Aviation Administration to allocate Airport Improvement Program (AIP) funds to eligible airports. Your participation in this survey is critical to small airports that rely in part on these data to qualify for AIP funds.

The enclosed survey form (FAA Form 1800-31) requests data for the 12-month period January 1 through December 31, 2012. The revenue passenger enplanement data that are requested on the enclosed form should only include those enplanements not reported to the Office of Airline Information on the T-100 form. See the back of the enclosed survey for a detailed explanation of how it should be completed. A sample of a completed form is on the back of this letter.

Submission of this data is voluntary. Your cooperation in completing this survey and returning it by April 19, 2013 is important to the airports you serve.

If you have any questions or comments, please contact Ms. Sharon Glasgow at (202) 267-8739.

Sincerely,

Benito DeLeon

Director, Office of Airport

Planning and Programming

Enclosure

Paper Work Reduction Act

Submission of this form is voluntary. The purpose of this collection is to capture passenger enplanement data to be used to allocate Federal funds to eligible airports. The public reporting burden for this collection of information is estimated to average 1 hour and 30 minutes per response. Note: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

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TWELVE-MONTH P	ERIOD (FOR FAA USE ONLY								
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AIRWAY AIR TAXI, INC. HANSCOM AIRPORT - NORTH								Month	12	
BEDFOR		AIR TAXI/COMMERCIAL CERTIFICATE NUMBER								
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		ENPLANEMENTS								
СІТҮ		STATE	AIRPORT NAME			FAA Airport Location Identifier (LOCID)	NUMBER OF SCHEDULED ENPLANEMENTS (See Instructions)	NUMBER OF NONSCHEDULED ENPLANEMENTS (See Instructions)		
Bedford		MA	Laurence G. Hanscom			BED	0	403		
Lewiston			ME	Auburn-Lewiston Muni			LEW	0	86	
Nantucket			MA	Nantucket Memorial			ACK	0	88	
Concord		NH	Concord Muni			CON	0	16		
Hartford		СТ	Hartford-Brainerd			HFD	0	90		
Bangor		ME	Bangor Intl			BGR	0	424		
Burlington		VT	Burlington Int'l			BTV	0	239		
Buffalo		NY	Greater Buffalo Int'l		BUF	0	10			
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CITY WHERE DEPARTING PASSENG BOARDED THE AIRCRAFT		ERS			FAA AIRPORT LOCATION IDENTIFIER					
	NAME OF AIRPORT WHERE PASSENGERS BOARDED ANNUAL TOTAL OF SCHEDULED REVENUE PASSENGER BOARDINGS AT EACH AIRPORT (SEE INSTRUCTIONS)									
							PASSE	AL TOTAL OF CHARTE NGERS BOARDINGS A ISTRUCTIONS)	-	
I certify, under penalty of perjury, that the information provided in this Airport Activity Survey (Form 1800-31) is true and correct to the best of my knowledge, information and belief.										
DATE TYPED NAME AND TITLE OF PREPARING OFFICIAL SIGNATU						SIGNATURE				
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TWELVE-MONTH PERIOD C										
Janua	FOR FAA USE ONLY									
DO NOT REPORT ACTIVITY Name and Addres		Operator Identification								
		Year								
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OPERATIONS DURING 12-MONTH PERIOD COVERED										
СІТҮ	STATE	ARTURE AIRPORT AIRPORT NAME	FAA Airport Location Identifier (LOCID)	ENPLANEMENTS NUMBER OF NUMBER OF SCHEDULED NONSCHEDULED ENPLANEMENTS ENPLANEMENTS (See Instructions) (See Instructions)						
I certify, under penalty of perjury, that the information provided in this Airport Activity Survey (Form 1800-31) is true and correct to the best of my knowledge, information and belief.										
DATE	TYPED NAME ANI	SIGNATURE								

INSTRUCTIONS

The information requested on this form is voluntary, but it is needed for the FAA to fairly allocate Airport Improvement Program (AIP) passenger entitlement funds to the airports you serve.

This survey is restricted to on demand operations that are NOT reported to the U.S. Department of Transportation's Bureau of Transportation Statistics (BTS). Carriers not required to report to BTS because they conduct less than five round trips between two points should report revenue enplanements on this form.

Enplanements: An enplanement is a revenue passenger who boarded the aircraft at that airport. Report the total scheduled or nonscheduled enplanements conducted at each airport in a calendar year as one line record. If the number of lines required is more than those provided on the form, please reproduce it for continued entries.

Scheduled or Nonscheduled: The type of operation determines how enplanements are reported. If you conducted charter operations, enter the number of revenue passengers that boarded those flights as Nonscheduled Enplanements in the last column. If you conducted operations for which you offer in advance the departure location, departure time, and arrival location, enter the number of revenue passengers that boarded those flights in the Scheduled Enplanement column. If you conducted both scheduled and nonscheduled operations, enter the scheduled enplanements in scheduled column and the nonscheduled enplanements in nonscheduled column. Note that Part 135 on-demand certificates limit the number of scheduled passenger-carrying operations that may be conducted. These operations must be fewer than five round trips per week "on at least one route between two or more points according to published flight schedules," and must use "airplanes, other than turbojet powered airplanes, having a maximum passenger-seat configuration of 9 seats or less, excluding each crewmember seat, and a maximum payload capacity of 7,500 pounds or less." See 14 CFR 110.2 for more information.

By signing this form you certify, under penalty of perjury, that the information provided on this Airport Activity Survey Form (1800-31) is true, correct and complete to the best of your knowledge, information and belief. The certification represents that your files, records, documents, and data have <u>not</u> been manipulated or falsified in an effort to receive a more favorable allocation of AIP funds. A false or fictitious certification may be subject to criminal and/or civil prosecution, as well as appropriate administrative action.

When submitting the form with handwritten data, please make sure that the information is legible.

If you had no commercial or air taxi activity during the reporting period, please indicate this across the face of the form and return it in the self-addressed envelope provided.

If there are any questions regarding the completion of this form, please contact FAA Headquarters, National Planning & Environmental Division, telephone number 202-267-8739.

Sign and date FAA Form 1800-31 in the spaces provided, and mail it to:

Booz Allen Hamilton, Inc. Room #4127 Attn: Federal Aviation Admin (FAA) 575 Herndon Parkway Herndon, VA 20170

If you have completed the form (including signing and dating it) and wish to submit it electronically, you may email it to Sharon.Glasgow@faa.gov

If your name, address, or FAA Air Taxi/Commercial Operator Certificate Number is different from what is already printed on this form, please contact your local FAA Flight Standards District Office (FSDO) to correct the information.